

Children's Cabinet  
Work Group on Trauma Informed Care

***Introductory Meeting***

*Tuesday, August 7, 2018*

*3:00 – 5:00 PM*

*Patrick Henry Building, Conference Room 1*

*Richmond, Virginia*

***MEETING MINUTES***

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**Members Present:** Amy Atkinson, Heather Board, Sandy Chung, Camille Cooper, Emily Creveling, Emily Griffey, Jeanine Harper, Shereese Hopkins, Jonathan Iglesias, Valerie L'Herrou, Stephanie Lynch, Jodi Manz, Nina Marino, Laurel Marks, Nicole Poulin, Scott Reiner, Greta Rosenzweig, Bela Sood, Gale Taylor,

**Members Absent:** Al Steward, Margaret Nimmo Holland, Ashaki McNeil, Yasmin Vafa, Jo Wilson-Harfst

**I. Welcome**

The meeting convened at 3:10 PM.

First Lady Pamela Northam welcomed participants to the introductory meeting of the Work Group on Trauma Informed Care. The First Lady provided remarks on the Governor's and her dedication towards how we can improve the lives of young children in Virginia – emphasizing the importance of working across agencies and groups to break down silos and improve coordination.

**II. Introductions**

Each participant introduced themselves and provided background as to how they or their organization has worked in the space of trauma informed care.

**III. Housekeeping items related to the working group**

Gena Berger and Connor Andrews provided an overview of the Children’s Cabinet, its organization, and the charge of the Children’s Cabinet as outlined in Executive Order 11.

#### **IV. Presentation and Discussion**

Gena Berger discussed the importance of defining the problem and developing a problem statement for trauma and the effects it has on development. In the group’s discussion of potential problem statements, many participants agreed on the importance of using a broad definition so as to not restrict future discussions and study. Ms. Berger notified the group that she would work on developing a problem statement based on the input that she has received.

The work group reviewed some of the statistics that illustrate the extent of the problem in Virginia. In reviewing these statistics, participants discussed what is included in the research and the data behind each figure.

The participants discussed ongoing efforts in Virginia and practices to become more trauma informed. In this conversation regarding the need to put in place trauma informed practices, the group emphasized the importance of developing tools and a structure aimed at replacing behaviors that could be re-traumatizing children. The group highlighted the importance of bringing together state agencies, offices, and stakeholders to create a common definition that will identify best practices to outline what must be done in order to be considered trauma informed.

The topics of conversation regarding ongoing efforts included funding, foster care, grassroots efforts, and available webinars that advocacy groups are using to promote trauma informed care. The group emphasized the need to engage the education system in the dialogue of trauma-informed care as it pertains to the school setting.

#### **V. Adjourn**

Participants noted the areas of focus that will need to be discussed—including common definitions, data sharing, and sharing expertise and knowledge—in order to understand how we build a system of care, what systems are already in place, and what barriers to success exist.

The introductory meeting of the Work Group on Trauma Informed Care adjourned at 4:54 PM.